NATIONAL STAGE PROCESSING BRANCH DO/EO FEE SHEET

SERIAL	NUMBER:	09/807215							
DATE F	ORWARDED TO FINANA	CE BRANCH :	04 MAY 2001						
	CHECKS ONLY								
	CHECKS AND CHARGE	ES ENCLOSED							
	CHARGES ONLY ENCLOSED								
	REFUND APPROVAL NEEDED								
	CORRECTIONS:								
		СНЕСК							
		CHARGE							
		CHECK & CHAR	GE						
FROM: DO/EO NATIONAL STAGE, PROCESSING BRANCH									
ATTN: allaman									
(Name and phone number of person forwarding file to Finance)									

PLEASE KEEP THIS SHEET ATTACHED TO THE FILE, AND RETURN TO DOÆO AFTER APPROPRIATE ACTION HAS BEEN TAKEN.

'Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/807215

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS							RATE	FEE ·		RATE	FEE	
FOR		NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	£856	
TOTAL CHARGEABLE CLAIMS		22minus 20= * 2		2		X\$ 9=		OR	X\$18=	36		
INDEPENDENT CLAIMS			2 mir	ninus 3 = *			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	896	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	1	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		J	+135=		OR	+270=	
						•	•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM		٤	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus .	**		=		X\$ 9=	_	OR	X\$18=	
	Independent		Minus	***	T CLAIM	=	4	X40=		OR	X80=)
	THOI PHESE	NTATION OF M	IOLI IPLE DEI	CNUCK	CLAIIVI		لـ	+135=	ŀ	OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE								OR	TOTAL			
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											